



# भारत का राजपत्र

## The Gazette of India

असाधारण

EXTRAORDINARY

भाग II—खण्ड 3—उप-खण्ड (ii)  
PART II—Section 3—Sub-section (ii)

प्राधिकार से प्रकाशित  
PUBLISHED BY AUTHORITY

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नई दिल्ली, शनिवार, अक्टूबर 29, 2011/कार्तिक 7, 1933

No. 2060]

NEW DELHI, SATURDAY, OCTOBER 29, 2011/KARTIKA 7, 1933

वित्त मंत्रालय

(राजस्व विभाग)

(केन्द्रीय प्रत्यक्ष कर बोर्ड)

शुद्धि-पत्र

नई दिल्ली, 29 अक्टूबर, 2011

(आयकर)

का.आ. 2468(अ).—भारत के राजपत्र, असाधारण, भाग II, खंड 3, उप-खंड (ii)

में दिनांक 17 अक्टूबर, 2011 को प्रकाशित भारत सरकार, वित्त मंत्रालय, राजस्व विभाग (केन्द्रीय प्रत्यक्ष कर बोर्ड), की अधिसूचना संख्या 56/2011, का.आ. 2394(अ), दिनांक 17 अक्टूबर, 2011, में वस्तुत :—

2. उक्त अधिसूचना के भाग ख में प्रपत्र 49क एवं प्रपत्र 49कक को निम्नलिखित प्रपत्र 49क एवं प्रपत्र 49कक से प्रतिस्थापित किया जाएगा, वस्तुत :—









3. राजपत्र अधिसूचना की अन्य विषयबस्तु अपरिवर्तित रहेंगी।

[ अधिसूचना सं. 58/2011/फा. सं. 133/48/2011-एस.ओ. (टीपीएल) ]

आशीष भोहंती, अवर सचिव

**MINISTRY OF FINANCE**  
**(Department of Revenue)**  
**(CENTRAL BOARD OF DIRECT TAXES)**

New Delhi, the 29th October, 2011

**(INCOME-TAX)**

**S.O. 2468(E).**—In the notification of Government of India, Ministry of Finance, Department of Revenue, (Central Board of Direct Taxes), number 56/2011 dated 17<sup>th</sup> October, 2011 bearing S.O.2394 (E) and published in the Gazette of India, Extraordinary, Part II, Section 3, Sub-section (ii), dated 17<sup>th</sup> October, 2011, namely:-

2. In the said notification in Part (B), for Form 49A and Form 49AA, the following Form 49A and Form 49AA shall be substituted, namely :-

**Form No. 49A**

**Application for Allotment of Permanent Account Number**  
**[In the case of Indian Citizens/Indian Companies/Entities incorporated in India/  
 Unincorporated entities formed in India]**

Under section 139A of the Income Tax Act, 1961

To avoid mistake(s), please follow the accompanying instructions and examples before filling up the form

Addressing Officer (AO code)

Area code	AO type	Range code	AO No.

Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)

Sign/ left thumb impression across this photo

Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)

Signature/Left Thumb Impression

Sir,

I/We hereby request that a permanent account number be allotted to me/us.

I/We give below necessary particulars:

**1. Full Name (Full expanded name to be mentioned)**

Please select title,  as applicable  Shri  Smt.  Kumar  M/s

Last Name / Surname

First Name

Middle Name

**2. Abbreviation of the above name**

**3. Have you ever been known by any other name?**

If yes, please give that other name

Please select title,  as applicable  Shri  Smt.  Kumar  M/s

Last Name / Surname

First Name

Middle Name



Last Name / Surname	
First Name	
Middle Name	
Address	
Flat/Room/ Door / Block No.	
Name of Premises/ Building/ Village	
Road/Street/ Lane/Post Office	
Area / Locality / Taluka/ Sub- Division	
Town / City / District	
State / Union Territory	
Pincode	

**15. Documents submitted as Proof of Identity and Proof of Address:**

I/We have enclosed \_\_\_\_\_ as proof of Identity and \_\_\_\_\_ as proof of address.

[Please refer to the instructions (as specified in Rule 114 of I.T. Rules, 1962) for list of mandatory certified documents to be submitted as applicable]

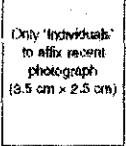
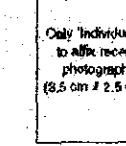
**16. I/We** \_\_\_\_\_, the applicant, in the capacity of \_\_\_\_\_ do hereby declare that what is stated above is true to the best of my/our information and belief.

Place

Date

D	D	M	M	Y	-	Y	-	Y

Signature / Left Thumb impression of  
Applicant (inside the box)

 Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)  Sign/ Left Thumb impression across this photo	<b>Form No. 49AA</b> <b>Application for Allotment of Permanent Account Number</b> <b>[Individuals not being a Citizen of India/Entities incorporated outside India/ Unincorporated entities formed outside India]</b> Under section 139A of the Income Tax Act, 1961. To avoid mistake(s), please follow the accompanying instructions and examples before filling up the form.	 Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)  Signature/Left Thumb Impression								
<b>Assessing officer (AO code)</b> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <th>Area code</th> <th>AO type</th> <th>Range code</th> <th>AO No.</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>			Area code	AO type	Range code	AO No.				
Area code	AO type	Range code	AO No.							
Sir, I/We hereby request that a permanent account number be allotted to me/us. I/We give below necessary particulars:										
<b>1. Full Name (For individuals)</b> Please select title. <input checked="" type="checkbox"/> as applicable <input type="checkbox"/> Shri/Mr <input type="checkbox"/> Smt/Mrs <input type="checkbox"/> Kumar/Ms <input type="checkbox"/> M/s Last Name / Surname _____ First Name _____ Middle Name _____										
<b>2. Abbreviation of the above name, as you would like it to appear on your statement</b> _____										
<b>3. Have you ever been known by any other name?</b> <input type="checkbox"/> <input type="checkbox"/> If yes, please give that other name _____ Please select title. <input checked="" type="checkbox"/> as applicable <input type="checkbox"/> Shri/Mr <input type="checkbox"/> Smt/Mrs <input type="checkbox"/> Kumar/Ms <input type="checkbox"/> M/s Last Name / Surname _____ First Name _____ Middle Name _____										
<b>4. Gender (For individuals) (mark one)</b> <input type="checkbox"/> <input type="checkbox"/>										

**5. Date of Birth/Incorporation/Agreement/Partnership or Formation/Establishment of Individuals or Association of Persons**

Day	Month	Year

3996 9.11.03

Last Name / Surname					
First Name					
Middle Name					
<b>7 Address</b>					
<b>Residence Address</b>					
Flat/Room/ Door / Block No.					
Name of Premises/ Building/ Village					
Road/Street/ Lane/Post Office					
Area / Locality / Taluka/ Sub- Division					
Town / City / District					
State / Union Territory		Pincode / Zip code	Country Name		
<b>Office Address</b>					
<b>Name of office</b>					
Flat/Room/ Door / Block No.					
Name of Premises/ Building/ Village					
Road/Street/ Lane/Post Office					
Area / Locality / Taluka/ Sub- Division					
Town / City / District					
State / Union Territory		Pincode / Zip code	Country Name		
<b>8 Home and Office Communication</b>					
<input type="checkbox"/> Home	<input type="checkbox"/> Office	(Please tick as applicable)			
<b>9 Telephone Number &amp; Email ID details</b>					
Country code	Area / STD Code	Telephone / Mobile number			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Email ID <input type="text"/>					
<b>10 Status of applicant</b>					
Please select status, <input checked="" type="checkbox"/> as applicable					
<input type="checkbox"/> Individual	<input type="checkbox"/> Hindu undivided family	<input type="checkbox"/> Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Government	
<input type="checkbox"/> Trusts	<input type="checkbox"/> Body of Individuals	<input type="checkbox"/> Local Authority	<input type="checkbox"/> Artificial Juridical Persons	<input type="checkbox"/> Association of Persons	
<b>11 Registration details (Name, company, firm, LLPs, etc.)</b>					
<input type="text"/>					
<b>12. Country of Citizenship</b>		<b>ISD Code of the Country of Citizenship</b>		<input type="text"/>	
<b>13. Income sources</b>					
Please select status, <input checked="" type="checkbox"/> as applicable					
<input type="checkbox"/> Salary	<input type="checkbox"/> Capital Gains				
<input type="checkbox"/> Income from Business / Profession	Business/Profession code	<input type="checkbox"/>	<input type="checkbox"/> Income from Other sources		
<input type="checkbox"/> Income from House property	<input type="checkbox"/> No income				
<b>14. Representative or Agent Name / Significant in India</b>					
Full name, address of the Representative or Agent					
Full Name (Maximum 20 characters, spaces are not permitted)					
Please select title, <input checked="" type="checkbox"/> as applicable					
<input type="checkbox"/> Shri/Mr	<input type="checkbox"/> Smt/Mrs	<input type="checkbox"/> Kumari/Ms	<input type="checkbox"/> M/s		
Last Name / Surname <input type="text"/>					
First Name <input type="text"/>					
Middle Name <input type="text"/>					
Address <input type="text"/>					
Flat/Room/ Door / Block No. <input type="text"/>					
Name of Premises/ Building/ Village <input type="text"/>					



17 I/We [redacted], the applicant, in the capacity of [redacted]  
do hereby declare that what is stated above is true to the best of my/our information and belief.

Place: [redacted]

Date: [redacted]

D D M M Y Y Y Y  
[redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]Signature / Left Thumb Impression of  
Applicant (inside the box)

3. The other contents of the Gazette Notification shall remain unchanged.

[Notification No. 58/2011/F. No. 133/48/2011-SO(TPL)]

ASHIS MOHANTY, Under Secy.